

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

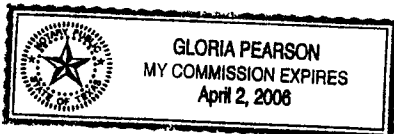
FORM COR-C/OH

07-17-03 P04:02 IN

See backside for instructions

<b>1</b> ACCOUNT #	<b>2</b> Total pages filed: <span style="font-size: 2em; float: right;">2</span>																
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 30%;">FIRST</td> <td style="width: 30%;">MI</td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Elliot</td> <td></td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Goldman</td> <td></td> <td></td> </tr> </table>	TITLE	FIRST	MI			Elliot			NICKNAME	LAST	SUFFIX			Goldman		
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<b>4</b> ORIGINAL REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other (specify)</td> </tr> <tr> <td><input checked="" type="checkbox"/> July 15</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> 15th day after treasurer appointment (officeholder only)</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Final report</td> <td></td> </tr> </table>	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> July 15	<input type="checkbox"/> Exceeded \$500 limit		<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after treasurer appointment (officeholder only)		<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Final report					
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<b>5</b> ORIGINAL PERIOD COVERED	<table style="width: 100%;"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td colspan="2">4 / 24 / 03</td> <td>THROUGH</td> <td colspan="3">6 / 30 / 03</td> </tr> </table>	Month	Day	Year	Month	Day	Year	4 / 24 / 03		THROUGH	6 / 30 / 03						
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<b>6</b> EXPLANATION OF CORRECTION	<p>Scedul E loan of 500 not include with Papunk changing the total amount of Principal loan outstady to \$10,500. <del>Found</del> Found the original Papunk act <del>and</del> an correcting the inflation.</p>																

**OFFICIAL RECORD**  
 Date Hand-delivered or Date Postmarked  
**CITY SECRETARY**  
 Receipt Amount  
**FT. WORTH, TEX**

**7 AFFIDAVIT**

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct and that I am filing this corrected report promptly after learning of the error(s) in the original report. I swear, or affirm, under penalty of perjury, that I did not intend to violate a reporting requirement when I filed the original report.

Signature of Candidate or Officeholder

Sworn to and subscribed before me by Elliot Goldman this the 17th day of July, 2009.

to certify which, witness my hand and seal of office.

Signature of officer administering oath

Gloria Pearson  
 Printed name of officer administering oath

City Secretary  
 Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# LOANS

## SCHEDULE E

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule E:

1

2 FILER NAME

ELLIOT GOLDMAN

3 ACCOUNT # (Ethics Commission Id#)

4

TOTAL OF UNITEMIZED LOANS:

\$

5 Date of loan

03-25-2003

7 Name of lender

ELLIOT GOLDMAN

☐ out-of-state PAC (ID# \_\_\_\_\_)

9 Loan Amount (\$)

500.00

6 Is lender a financial institution?

Y

N

8 Lender address; City; State; Zip Code

3963 SARITA PARK, FORT WORTH, TEXAS 76109

10 Interest rate

0.0%

11 Maturity date

12-31-2003

12 Description of Collateral

☒ none

13 GUARANTOR INFORMATION

14 Name of guarantor

16 Amount Guaranteed (\$)

☒ not applicable

15 Guarantor address; City; State; Zip Code

17 Principal Occupation

18 Employer

Date of loan

Name of lender

☐ out-of-state PAC (ID# \_\_\_\_\_)

Loan Amount (\$)

Is lender a financial institution?

Y

N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.